

OCCUPANCY CERTIFICATE WAVELAND

This Certificate issued pursuant to the requirements of the International Building Code certifying

that at the time of issuance this structure was in compliance with the various ordinances of the

Jurisdiction regulating building construction or use. For the following:

JAN & RHONDA LOHMEYER Issued to:

8527

Permit No.

C02259 LIJE

Certificate No.

Security ID:

151 SARAH'S LN **Building Address** City, State Zip

WAVELAND, MS 39576

END OF OCCUPANCY

Expires:

7/26/2017

Comments:

Building Officia

POST IN A CONSPICUOUS PLACE

Construction according to 2012 IRC. SFR NEW CONSTRUCTION NO Sprinklers required. No special Condificus.

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

SECTION A – PROPERTY INFORMATION	FOR INSURANCE COMPANY USE
A1. Building Owner's Name JAN AND RHONDA LOHMEYER	Policy Number:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 151 SARAHS LANE	Company NAIC Number:
City WAVELAND State MS ZIP Code 39576	7 108 90 901 M1 11
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL # 161F-0-02-105.000	Massa E
or enclosure(s) within 1.0 foot above adjacent grade c) Total net area of flood openings in A8.b d) Engineered flood openings? Yes No W/A sq in c) Total net area of flood d) Engineered flood openings? General within 1.0 foot above at N/A N/A sq in c) Total net area of flood d) Engineered flood openings?	ached garage <u>N/A</u> sq ft I flood openings in the attached garage adjacent grade <u>N/A</u> openings in A9.b <u>N/A</u> sq in nings?
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORMATION	Night of the state
B1. NFIP Community Name & Community Number 285262 WAVELAND B2. County Name HANCOCK	B3. State Openostra 4.1
B4. Map/Panel Number 28045C0361 B5. Suffix D B6. FIRM Index Date 10/16/09 B7. FIRM Panel Effective/Revised Date 10/16/09 AE	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 19-20
☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source: ☐	Yes ⊠ No
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUI	RED)
 C1. Building elevations are based on:	
	k the measurement used.
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) <u>21.0</u>	⊠ feet ☐ meters
b) Top of the next higher floor	⊠ feet ☐ meters
c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) N/A.	☐ feet ☐ meters ☐ meters
e) Lowest elevation of machinery or equipment servicing the building N/A.	feet meters meters
(Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG) 14.3	☑ feet ☐ meters
g) Highest adjacent (finished) grade next to building (HAG) 14.8	⊠ feet ☐ meters
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support N/A	feet meters
SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATI	EPE at (in Zoge A
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify eleva information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Check here if comments are provided on back of form. Were latitude and longitude in Section A provided by Check here if attachments. Iicensed land surveyor? Yes No	O O PHOPES
Certifier's Name DONALD E RIED License Number 3037	
Title LAND SURVEYOR Company Name RIED & ASSOCIATES LLC	
Address 608 SUNSET DRIVE City BAY ST LOUIS State MS ZIP Code 39520	OF AISS
Signature //// Date 02/18/15 Telephone 228 205-4007	

ELEVATION CERTIFICATE, pa	ige 2		
111111	opy the corresponding information		FOR INSURANCE COMPANY USE
Building Street Address (including Apt. 151 SARAHS LANE	, Unit, Suite, and/or Bldg. No.) or P.O. R	oute and Box No.	Policy Number:
City WAVELAND	MOLTAMACHAI Y State	MS ZIP Code 39576	Company NAIC Number:
SECTION	D - SURVEYOR, ENGINEER, OR	ARCHITECT CERTIFICAT	TION (CONTINUED)
Copy both sides of this Elevation Certi	ficate for (1) community official, (2) insur	ance agent/company, and (3)	building owner.
Comments SET BM TOP OF BOLT I THE FRONT 35 FT +/-OF LOT IS IN B LOT IS 130 +/- FEET DEEP	BETWEEN T & V ON FIRE HYDRANT ASE FLOOD EL 20 APPROX 25% OF I	@ END OF CUL DE SAC AT LOT IS IN THE HIGHER FLOC	14.21 FEET DD ZONE
	7700-(710)	Ci_navannus nortus 2 h d	
Signature	j ji NAG PET (j. 940 1965) Igobisu ila ji surar je	Date 02/18/15	A specificación de la companion de la companio
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY	NOT REQUIRED) FOR ZO	ONE AO AND ZONE A (WITHOUT BFE)
and C. For Items E1–E4, use natural set. Provide elevation information for grade (HAG) and the lowest adjact a) Top of bottom floor (including b) Top of Building Diagrams 6–9 with (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery and E5. Zone AO only: If no flood depth ordinance? Yes No SECTION The property owner or owner's authorior Zone AO must sign here. The stater Property Owner's or Owner's Authorized Address Signature	grade, if available. Check the measurem the following and check the appropriate acent grade (LAG). basement, crawlspace, or enclosure) is basement, crawlspace, or enclosure) is beginning provided in Stormanent flood openings provided in Stormanent flood openin	ent used. In Puerto Rico only, boxes to show whether the elements of the section A Items 8 and/or 9 (see et meters above or below the HAME feet meters for this information in Section GINER'S REPRESENTATIVENS A, B, and E for Zone A (with section In Section B).	evation is above or below the highest adjacent meters above or below the HAG. meters above or below the LAG. pages 8–9 of Instructions), the next higher floor below the HAG. AG. ters above or below the HAG. nee with the community's floodplain management
Comments	[nibiliud - d to a	O FOT the people of the state o
d-a-SOR in over the ARA pe	SHE JURISH AR AF JARRAT-ARD MISS	president (170 Vijwer BE) Sedent (20 A) 14 Enerro Skop Vendent Dan	Check here if attachments
her Source	SECTION G - COMMUNITY	INFORMATION (OPTION	AL) release eleaster ou annuel de the elea
			linance can complete Sections A, B, C (or E), and G ns G8–G10. In Puerto Rico only, enter meters.
G1. The information in Section C vis authorized by law to certify G2. A community official complete	0.18	t has been signed and sealed ce and date of the elevation d e A (without a FEMA-issued o	by a licensed surveyor, engineer, or architect who ata in the Comments area below.) r community-issued BFE) or Zone AO.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certifica	ate Of Compliance/Occupancy Issued
G7. This permit has been issued for: G8. Elevation of as-built lowest floor (ir G9. BFE or (in Zone AO) depth of floor G10. Community's design flood elevatio	ncluding basement) of the building: ding at the building site: n:		eters Datum
Local Official's Name	incom 18 to 1. Com il Section 1 Jul. 1 d. Jacquarde in Section Amovolied by a	Title	
Community Name	ordeyers E van D No	Telephone	Some Section 1
Signature	TERR LEGISLE LEGISLES	Date	+1.14 37 111 - 2281
Comments	Purities arrays and the second	0(8864 3 1 3)7	☐ Check here if attachments

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPAN				
A1. Building Owner's Name JAN AND RHONDA LOHMEYER	Policy Number:			
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 151 SARAH'S LANE	Company NAIC Number:			
City WAVELAND State MS ZIP Code 39576	t entre who in estable responsement and religious months are establed.			
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) TAX PARCEL ID # 161F-0-02-105.000	MAIT IS TO SET UP. OUR SHE OF TOO HOT LIBERT IN THE			
A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) RESIDENTIAL	eniburca) - Ill motard le no il is			
A5. Latitude/Longitude: Lat. 30-17-22.3 Long. 89-24-56.8 Horizontal Date	um: NAD 1927 X NAD 83			
A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insu A7. Building Diagram Number 6	urance. The explicit to mortual (all units to got) is is soon assessing the			
AND	to rinores. El princio el la tassico. El fa			
a) Square footage of crawlspace or enclosure(s) see comments sq ft	no live for the read of the world			
b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot abo	ve adjacent grade see comments			
c) Total net area of flood openings in A8.b. see comments sq in				
d) Engineered flood openings? Yes No	Profile bacine is			
A9. For a building with an attached garage:				
a) Square footage of attached garage	Continue of the design of the second			
control to the highest pred pred OCT and OCT a				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacen	t grade 0			
c) Total net area of flood openings in A9.b N/A sq in				
d) Engineered flood openings? Yes No	Conflict's Name Boneld Elimen Tilla LAND SURVEYOR			
	Certifier's Name Bonald E Ried Titra LAND SURVEYOR Company Name			
d) Engineered flood openings? Yes No	Company Maps File Section Action Company Maps File Section Action Fi			
d) Engineered flood openings? Yes X No SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM B1. NFIP Community Name & Community Number 285262 WAVELAND B2. County Name HANCOCK B4. Map/Panel Number 28045C0361 B5. Suffix Date 10/16/09 B7. FIRM Panel Effective/ Revised Date 10/16/09 AE	B3. State MS			
d) Engineered flood openings? Yes X No SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM B1. NFIP Community Name & Community Number 285262 WAVELAND B4. Map/Panel Number 28045C0361 B5. Suffix Date 10/16/09 B7. FIRM Panel Effective/ Revised Date	B3. State MS (s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 19-20			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM B1. NFIP Community Name & Community Number 285262 WAVELAND B4. Map/Panel Number 28045C0361 B5. Suffix Date 10/16/09 B7. FIRM Panel Effective/ Revised Date 10/16/09 B8. Flood Zone AE B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Ite	B3. State MS (s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 19-20 m B9:			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM B1. NFIP Community Name & Community Number 285262 WAVELAND B4. Map/Panel Number 28045C0361 B7. FIRM Panel Effective/ Revised Date 10/16/09 B8. Flood Zone 10/16/09 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Ite FIS Profile FIRM Community Determined Other/Source: B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988	B3. State MS (s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 19-20 m B9: Other/Source:			
SECTION B – FLOOD INSURANCE RATE MAP (FIRM) INFORM B1. NFIP Community Name & Community Number 285262 WAVELAND B4. Map/Panel Number 28045C0361 B5. Suffix Date 10/16/09 B6. FIRM Index Date 10/16/09 B7. FIRM Panel Effective/ Revised Date 10/16/09 B8. Flood Zone AE B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Ite	B3. State MS (s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 19-20 m B9: Other/Source:			

OMB No. 1660-0008 Expiration Date: November 30, 2018

		corresponding information from			E COMPANY USE
	ng Street Address (including Apt., U ARAH'S LANE	Unit, Suite, and/or Bldg. No.) or P.O.	Route and Box No.	Policy Number:	
City WAVE	ELAND	State MS	ZIP Code 39576	Company NAIC N	Number
	SECTION C	- BUILDING ELEVATION INFOR	MATION (SURVEY	REQUIRED)	all and a second transfer of the second
		required when construction of the b			ned Construction
C2.	Elevations – Zones A1–A30, AE, A Complete Items C2.a–h below acc Benchmark Utilized: USM VRS NE	.H, A (with BFE), VE, V1–V30, V (w ording to the building diagram spec TWORK Vertical Datu	ified in Item A7. In Pu	AR/AE, AR/A1–A30, A erto Rico only, enter	AR/AH, AR/AO. meters.
		he elevations in items a) through h)	-		
	☐ NGVD 1929 [X] NAVD				87.4
		must be the same as that used for	the BFE.	Check the me	easurement used.
	a) Top of bottom floor (including b	asement, crawlspace, or enclosure	floor)15.3	X feet	meters
	b) Top of the next higher floor		26.6	X feet	meters
	1/1961 1/7 SOLET PORTSON AND AND AND AND AND AND AND AND AND AN	structural member (V Zones only)	N/A	X feet	meters
	d) Attached garage (top of slab)		N/A	feet	meters
	e) Lowest elevation of machinery (Describe type of equipment ar	or equipment servicing the building docation in Comments)	N/A	feet	meters
	f) Lowest adjacent (finished) grad	le next to building (LAG)	14.5	X feet	meters
	g) Highest adjacent (finished) gra	de next to building (HAG)	14.9	X feet	meters
	h) Lowest adjacent grade at lower structural support	st elevation of deck or stairs, includi	ng <u>N/A</u>	feet	meters
	SECTION I) – SURVEYOR, ENGINEER, OR	ARCHITECT CERT	TIFICATION	
100	rtify that the information on this Cer	aled by a land surveyor, engineer, of tificate represents my best efforts to rimprisonment under 18 U.S. Code	o interpret the data av	d by law to certify elegalable. I understand	vation information. that any false
We	re latitude and longitude in Section	A provided by a licensed land surve	yor? XYes N	o Check he	re if attachments.
	tifier's Name nald E Ried	License Numbe PLS 3037	er sog kan sk	- Const	TO THE PARTY OF TH
Title	e ND SURVEYOR	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2.20 Dise y	THE DO	SED PROTE
	npany Name D & ASSOCIATES LLC	The same of the sa		A S A S	laoa Vissi
11000555	dress 6 BENESHEEWAH TRAIL			A LOPE	\$03> P
City PAS	SS CHRISTIAN	State MS	ZIP Code 39571	Mis	SISSIPPORT
Sig	nature	Date 03/27/17	Telephone 228 205-4007		
Cop	by all pages of this Elevation Certifica	te and all attachments for (1) commu	nity official, (2) insuran	nce agent/company, a	nd (3) building owne
IS 1	I FOOT ABOVE BASE FLOOD ELE NCH MARK TOP OF BOLT BETWE	nt and location, per C2(e), if applica EVATION PER CITY OF WAVELAN EEN T & V ON FIRE HYDRANT @ WILL BE MEASURED DURING FIN	ID BUILDING REGUL END OF CUL DE SAG	_ATIONS C AT	

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding	ng information from Se	ction A.	FOR INSURA	NCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/ 151 SARAH'S LANE	or Bldg. No.) or P.O. Ro	ute and Box No.	Policy Number	rabbilsedējas 38.a. 2 F
City WAVELAND STATE S	tate MS ZIP	Code 39576	Company NA	IC Number
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WI		OT REQUIRED)	
For Zones AO and A (without BFE), complete Items E1-complete Sections A, B,and C. For Items E1-E4, use na enter meters. E1. Provide elevation information for the following and complete the section information for the section for the section information for the section for the sect	itural grade, if available.	Check the meas	urement used. In I	Puerto Rico only,
the highest adjacent grade (HAG) and the lowest at a) Top of bottom floor (including basement, crawlspace, or enclosure) is	djacent grade (LAG). N/A	∏feet ∏m	eters	or
 Top of bottom floor (including basement, crawlspace, or enclosure) is 	<u>N/A</u>	☐feet ☐m	etersabove	0-0-11
E2. For Building Diagrams 6–9 with permanent flood operation the next higher floor (elevation C2.b in the diagrams) of the building is	enings provided in Section		/or 9 (see pages 1 eters □ above	
E3. Attached garage (top of slab) is	N/A	∏feet ∏m	eters above	or below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	N/A		eters	or ∏below the HAG.
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes				he community's mation in Section G.
SECTION F - PROPERTY OWN	ER (OR OWNER'S REP	RESENTATIVE	CERTIFICATION	
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	e who completes Section e statements in Sections	ns A, B, and E for A, B, and E are	r Zone A (without a	a FEMA-issued or of my knowledge.
Property Owner or Owner's Authorized Representative's	Name		Constitution of the Consti	ernev u užaj ja ju
Address	City		State	ZIP Code
Signature	Date		Telephone	
Comments	1975 T			
				(2/a) (art)
				STATE OF THE STATE
	woulding in Larini	ege Lincolliè	merrin v. tigo	gaba os meas of 1
	envelops in (alt i	ngo Lincollo	Station of Edit	gabat in mere of
	elektryles is fat. i	oc mod k	mercen v. Sept	golden mere of
	entrolates in Locality	900 - 100 A	State State (1982)	gadad on caseas (gh
	violentalis in Last in	nac i navili kw	Statutel Lands	gabat as meas as
	ensolica ir (eff.)		mercen v. Sept	gebat on mean of
	entroduces in Land in	oc 1825 c		gadad va salem sa
	violentales in (ant in	ac . 1024 c		gabat as anera un
	envolues in Land in			gedad vo meas co
	energics is fact to			gedad in invention
	vicesolates in (30°)	30 . 10 d		gabat as areas un
	entrolates in Larini			gedad vo meas is?

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	esponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St 151 SARAH'S LANE	uite, and/or Bldg. No.) or P.O. Route and Box N	o. Policy Number:
City WAVELAND	State MS ZIP Code 39576	Company NAIC Number
(CEARLAR T SECTIO	ON G - COMMUNITY INFORMATION (OPTION	IAL) I MOTORA
The local official who is authorized by law or or Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, en	Certificate. Complete the applicable item(s) and	in management ordinance can complete d sign below. Check the measurement
G1. The information in Section C was tak engineer, or architect who is authoriz data in the Comments area below.)	en from other documentation that has been sigred by law to certify elevation information. (Indic	ned and sealed by a licensed surveyor, ate the source and date of the elevation
G2. A community official completed Section or Zone AO.	on E for a building located in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for community floodplain man	agement purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
	Jules Communication	arane generalist (promise preserva)
G7. This permit has been issued for:	New Construction Substantial Improveme	sugned au mitre die een een nit. nt een een daard van it vier 10 een 15 fan i
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet meters Datum
G10. Community's design flood elevation:	ens d'Albandon de de la	feet meters Datum
Local Official's Name	Title	
Community Name	Telephone	
Te/car.gan	Site	
Signature	Date	e anna
Comments (including type of equipment and loa	cation per C2(e) if applicable)	
Commonica (including type of equipment and is-	54.15.1, pol 62(6), ii applicasio)	
-		
		Check here if attachments.

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

www.w.com.com.com.com.com.com.com.com.com.com	SECT	TION A - PROPERTY	INFORMATION	ATION FOR INSURANCE COMPANY I			
A1. Building Owner's Name JAN AND RHONDA LOHMEYER JAN AND RHONDA LOHMEYER						ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 151 SARAH'S LANE Company NAI							IAIC Number:
City WAVELAND		State MS	ZIP	Code 39576	AROMITAN A Sacrevele edition	SW MGU IN one - mutab	Landor Property (1997) Or make also wish to a
A3. Property Desc TAX PARCEL ID #		nd Block Numbers, Ta 05.000			scription, etc.)	yi 5 - 656 Chale gelicik	CARACT Chetach cast of
A4. Building Use (e.g., Residen	tial, Non-Residential,	Addition, Access	sory, etc.) F	RESIDENTIAL	Saults of morals	matio out to
A5. Latitude/Longi	tude: Lat. 30)-17-22.3 Lor	ng. 89-24-56.	.8	Horizontal Datum	: NAD	1927 X NAD 83
A7. Building Diagr	am Number with a crawls	ns of the building if the 6 pace or enclosure(s): space or enclosure(s)		es palenses mor a Com	obtain flood insura	le e gluy ag Li sem folga e lu aluy ag	
b) Number of	permanent flo	ood openings in the cr	awlspace or enc				
c) Total net a	rea of flood op	penings in A8.b 348 gs?	sq in				rosius is av lige ir gais salvai,
	tage of attach permanent florea of flood op	ped garage N/A pod openings in the attraction N/A penings in A9.b N/A	sq in	ithin 1.0 foo			The audicent is to come and the
A CAPIT	SE	CTION B - FLOOD I	NSURANCE RA	ATE MAP (FIRM) INFORMA	TION	The Control
B1. NFIP Commur 285262 WAVELAN		ommunity Number		B2. County I HANCOCK		511	B3. State MS
B4. Map/Panel Number 28045C0361	B5. Suffix	B6. FIRM Index Date 10/16/09	B7. FIRM Pan Effective/ Revised D 10/16/09	-1-2	B8. Flood Zone(s)	ne(s) B9. Base Flood Elevation(s) (Zone AO, use Base Flood Depth) 20	
FIS Profil	e 🛛 FIRM	Base Flood Elevation (Community Deterr	nined	-/Source:		B9:	A 180 magning
P12 Is the buildin	a located in a	Coastal Barrier Base	urana Suatam (C	NDDC) area	or Otherwise Brote		
Designation			CBRS DPA		or Otherwise Prote	cted Area (OPA)? ☐ Yes ☒No

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE			
Building Street Address (including Apt., Unit, Suite, and/or 151 SARAH'S LANE	Bldg. No.) or P.O. Rou	te and Box No.	Policy Number:	
City WAVELAND State M	Company NAIC N	lumber		
SECTION C – BUILDING EL	EVATION INFORMAT	ION (SURVEY RI	EQUIRED)	
C1. Building elevations are based on: Construction *A new Elevation Certificate will be required when concern to the complete Items C2.a—h below according to the build Benchmark Utilized: USM VRS NETWORK Indicate elevation datum used for the elevations in item NGVD 1929 NAVD 1988 Other/SD Datum used for building elevations must be the same a) Top of bottom floor (including basement, crawlsp.)	onstruction of the building VE, V1–V30, V (with Briding diagram specified iVertical Datum: seems a) through h) below Source:	FE), AR, AR/A, AR/ n Item A7. In Puert NAVD 88 w.	/AE, AR/A1–A30, A o Rico only, enter i	asurement used. meters meters
c) Bottom of the lowest horizontal structural member	er (V Zones only)	N/A	X feet	meters
d) Attached garage (top of slab)		N/A	feet	meters
e) Lowest elevation of machinery or equipment ser- meters (Describe type of equipment and location		26.7	<u>`</u>	feet
f) Lowest adjacent (finished) grade next to building	(LAG)	14.5	X feet	meters
g) Highest adjacent (finished) grade next to building	(HAG)	14.9	X feet	meters
h) Lowest adjacent grade at lowest elevation of dec meters structural support	ck or stairs, including	15.3	<u>\</u>	feet
SECTION D - SURVEYOR,	ENGINEER, OR ARC	HITECT CERTIF	ICATION	
This certification is to be signed and sealed by a land su I certify that the information on this Certificate represents statement may be punishable by fine or imprisonment ur Were latitude and longitude in Section A provided by a li-	s my best efforts to internder 18 U.S. Code, Sect	pret the data availation 1001.	able. I understand t	ation information. hat any false e if attachments.
Certifier's Name	License Number	- 147 Tolanda	era con a company	77777
Donald E Ried Title LAND SURVEYOR Company Name RIED & ASSOCIATES LLC	PLS 3037	32.77		DE. OPPOSITIONAL
Address 9526 BENESHEEWAH TRAIL	I Hamel Wi	2000 PT 2000 B	BEN A	-3037
City PASS CHRISTIAN	State MS	ZIP Code 39571	RANGE I	MISSIS TOTAL
Signature	Date 05/26/17	Telephone 228 205-4007		
Copy all pages of this Elevation Certificate and all attachme	ents for (1) community off	icial, (2) insurance a	agent/company, an	d (3) building owner.
Comments (including type of equipment and location, pe IS 1 FOOT ABOVE BASE FLOOD ELEVATION PER CIT LOWEST MACHINERY AIR CONDITIONER AT 26.72 F	TY OF WAVELAND BUI			

OMB No. 1660-0008

Expiration Date: November 30, 2018

INFORTANT. In these spaces, copy the corresponding	g information from Se	ction A.	1	FOR INSURAN	CE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/o 151 SARAH'S LANE	or Bldg. No.) or P.O. Ro	ute and Box	No.	Policy Number:	debi benis sonen Postoren er et
City WAVELAND St	ate MS ZIP	Code 3957		Company NAIC	Number
SECTION E – BUILDING ELE FOR ZONE	VATION INFORMATION AO AND ZONE A (WI			EQUIRED)	
For Zones AO and A (without BFE), complete Items E1–complete Sections A, B,and C. For Items E1–E4, use na enter meters.	tural grade, if available.	Check the r	measurem	ent used. In Pu	erto Rico only,
 E1. Provide elevation information for the following and check the highest adjacent grade (HAG) and the lowest adaptive and the lowest adaptive for the highest adjacent grade (HAG) and the lowest adaptive for the highest adjacent grade (HAG) and the lowest adaptive for the highest adjacent grade (HAG). 	ljacent grade (LAG).				this etc.
crawlspace, or enclosure) isb) Top of bottom floor (including basement, crawlspace, or enclosure) is	N/A	☐ feet	☐ meters	□ above or	Abrolio
E2. For Building Diagrams 6–9 with permanent flood ope	of vertraint or or paper	on district	La anch	media voludno po-	minimal state
the next higher floor (elevation C2.b in the diagrams) of the building is	N/A	feet	meters	above or	
E3. Attached garage (top of slab) is	<u>N/A</u>	feet	meters	above or	below the HAG.
E4. Top of platform of machinery and/or equipment servicing the building is	N/A	feet	meters	above or	below the HAG.
E5. Zone AO only: If no flood depth number is available, floodplain management ordinance? Yes					community's ation in Section G.
SECTION F – PROPERTY OWN	ER (OR OWNER'S RE	PRESENTA	TIVE) CEE	RTIFICATION	TURNIERS IN TA
The property owner or owner's authorized representative community-issued BFE) or Zone AO must sign here. The	who completes Section	ns A. B. and	E for Zon	e A (without a F	EMA-issued or
	statements in Sections	A, D, and i	_ are corre	4.4	i my knowledge.
Property Owner or Owner's Authorized Representative's		, b, and i	_ are corre		Tiny knowledge.
MUISC STORY TO THE		, D, and I	Stat		ZIP Code
Property Owner or Owner's Authorized Representative's	Name	, D, and 1	Stat		enski isbef sco.
Property Owner or Owner's Authorized Representative's Address	Name	, D, and 1	Stat	е	enski isbef sco.
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	enski isbef sco.
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
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Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code
Property Owner or Owner's Authorized Representative's Address Signature	Name City Date		Stat	e phone	ZIP Code

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corre	sponding information from Section A.	FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, St. 151 SARAH'S LANE	uite, and/or Bldg. No.) or P.O. Route and Box No	Policy Number:
City WAVELAND	State MS ZIP Code 39576	Company NAIC Number
(GERAITIONAL SECTIO	N G - COMMUNITY INFORMATION (OPTION	AL)
	dinance to administer the community's floodplai Certificate. Complete the applicable item(s) and ter meters.	
	en from other documentation that has been signed by law to certify elevation information. (Indicated by law to certify elevation information.)	
G2. A community official completed Section or Zone AO.	on E for a building located in Zone A (without a	FEMA-issued or community-issued BFE)
G3. The following information (Items G4-	G10) is provided for community floodplain mana	agement purposes.
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued
G7. This permit has been issued for:	New Construction Substantial Improvemen	ar praceud est chorrées
G8. Elevation of as-built lowest floor (including of the building:	basement)	feet meters Datum
G9. BFE or (in Zone AO) depth of flooding at t	he building site:	feet meters Datum
G10. Community's design flood elevation:	on Taleston Annance (Control of Control of C	feet meters Datum
Local Official's Name	Title	
Community Name	Telephone	
i el e ptione	otec	
Signature	Date	emanus e
Comments (including type of equipment and loa	cation, per C2(e), if applicable)	
Comments (including type of equipment and loc	Salion, per Oz(e), ii applicable)	
Japan object Committee Committee		Check here if attachments.

BUILDING PHOTOGRAPHS

See Instructions for Item A6.

OMB No. 1660-0008

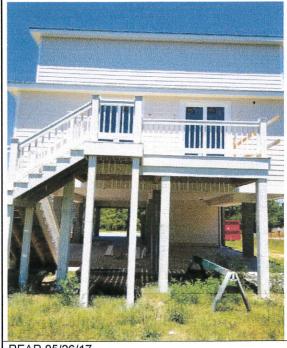
Expiration Date: November 30, 2018

ELEVATION CERTIFICATE IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. Policy Number: City Company NAIC Number **ZIP Code 39576** WAVELAND State MS

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



FRONT 05/26/17



REAR 05/26/17





Note:
Plot plan is drawn per survey dane by DIGITAL ENGINEERING,
Duke Levy, dated 07/01/2015, Project No. 1001403 -x--x- FENCE H LEGEND: POWER POLE FENCE CORNER POST **IRON ROD SET** CENTERLINE IRON PIPE FOUND **IRON ROD FOUND** LOT 13, WATER'S EDGE S/D, PHASE 1, CITY OF WAYELAND, HANCOCK CO., MS इंग PROP. CONC. 14 21.57 W 132.50. (A) 12,965 S.F. ± LOT 13 MAJ S. HAGAS L=56.07' - R=50.00' |=64°14'39" A 19 31 The Ope of the L=24.38' - R=50.00' I=64°14'39" responsibility of the owner and/or general a check all dimensions for the job before shall insure compatability of the building equirements. Plot Plan



Techni-CAD Drafting Service
17121 Fenton-Dedeaux Road

Kiln, MS 39556

Prepared For:

Jan & Rhonda Lohmeyer 151 Sarahs Lane

Ъ	Sheet:	귱	Drawn by:	11/17/16	Date:	1008	W.O. #:	1"=20"	Scale:
	.:		Ϋ́	6		(348.50	#	-	1.5

2017 8371 Recorded in the Above Deed Book & Page 07-25-2017 12:59:00 PM Timothy A Kellar

My Commission Expires Dec. 31, 2019

NONCONVERSION AGREEMENTHAncock County with

CITY OF WAVELAND, MISSISSIPPI
This DECLARATION made this 25 day of July 2017, by Jan Lohmeyer Rhonda Lohmeyer ("Owner") having an address at 151 Sarah's Lane, Waveland, MS 39576 WITNESSETH: WHEREAS, the Owner is the record owner of all that real property located at 151 Sarah's Lane in the City of Waveland, Ms. in the County of Hancock, designated in the Tax Records as 161F-0-02-105, 000 WHEREAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base flood elevation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of the Waveland Floodplain Management Ordinance of Number and under Permit Number 18527
WHEREAS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, conditions and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and obligations of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors, future owners, and assigns.
UPON THE TERMS AND SUBJECT TO THE CONDITIONS, as follows:
The structure or part thereof to which these conditions apply is:
2. At this site, the Base Flood Elevation is $\cancel{HE}\cancel{ZD}$ feet above mean sea level, National Geodetic Vertical Datum.
3. Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
4. The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
5. The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
6. A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit. Timothy A. Kella
7. Other conditions: Chancery Clark By: Louis E
In witness whereof the undersigned set their hands and seals this
who acknowledged that They executed the Jan Wowter Lohmeyer My Commission Expires Dec. 31,

FLOODPLAIN VENTING AFFIDAVIT City of Waveland

I hereby acknowledge that City of Waveland
Is issuing an Occupancy Certificate for the property known as: 151 Sarah's Lane
Waveland M5 39576 161F-0-02-105.000
under Permit # <u>18527</u>
In which required Floodplain Management Ordinance requirements have been met and a final inspection performed. At the time of inspection,
As witness the hand and seal of the owner of the subject property this
25 day of Buly , 201).
WITNESS Jan w. Lohmeyer OWNER (please print)